

Lavender Lodge Limited

# Lavender Lodge Nursing Home

## Inspection report

40-50 Stafford Street  
Derby  
Derbyshire  
DE1 1JL

Tel: 01332298388

Date of inspection visit:  
23 April 2019

Date of publication:  
03 June 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Lavender Lodge Nursing Home is a care and nursing home in the city centre of Derby. It has 44 beds and specialises in catering for older people, some of whom are living with dementia or a physical disability. On the day of our inspection visit there were 44 people living at the home.

Following our last inspection, we asked the provider to complete regular action plans to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well-led to at least Good.

At this inspection we found that improvements had been made. A comprehensive and effective audit system was in place. Medicines were managed safely. Risk was well-managed and staff knew how to keep people safe. Medical records were clear, up-to-date and accurate. Improvements had been made to the premises although further improvements were needed to ensure they were suitable for people living with dementia and others. The complaints procedure had been re-written and updated.

### People's experience of using this service

People and relatives said the home was a safe place. Staffing levels were good and trained staff available to support people in all areas of the home. Staff were safely recruited. All areas of the home were clean and tidy and staff followed the home's infection control procedures to reduce the risks of infection.

People told us they liked the food served. Their nutritional needs were assessed and met and they had the support they needed when dining. The cooks knew people's likes and dislikes and how to prepare and present their food in a way that was safe and appetising.

People said they had good access to healthcare professionals when they needed them. Staff supported people to making decisions about their care and support and ensured their rights were protected.

People were well treated and supported. A relative said, "The staff do an excellent job. [family member] is well-looked after and settled. The staff are very caring." Staff knew how to build trusting relationships with people and took an interest in them. Relatives were made welcome at the home. Staff respected people's privacy, dignity and independence.

People received personalised care. Staff met the needs of people from a range of different cultural backgrounds. Some people and relatives thought there should be more activities at the home. The registered manager said a new activities coordinator was being appointed to improve the activities programme.

People, relatives and staff said the registered manager was approachable and ensured the home was well-run. A staff member told us, "We feel safe with [registered manager] in charge. He listens to staff and residents and will find a solution to any problem."

Managers and staff provided personalised care and support. People, relatives and staff were involved in the running of the home and their views listened to. The registered manager produced regular action plans and worked with CQC and the local authority to make ongoing improvements to the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last inspection we rated this service Requires Improvement (report published on 12/10/2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Lavender Lodge Nursing Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team

The inspection team consisted of an inspector, an assistant inspector, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Lavender Lodge is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced comprehensive inspection, which took place on 23 April 2019.

What we did:

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

During this inspection we spoke with four people and two relatives. We spent time observing the people living in the home to help us understand the experience of those who could not talk with us. We also spoke with the registered manager, two nurses, a team leader, two care workers, and the domestic team leader.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at four people's care and nursing records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- At our previous inspection we found that the provider had failed to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. This was because medicines were not safely managed.
- At this inspection improvements had been made and the provider was compliant with this Regulation.
- At our previous inspection medicines had not always been stored at safe temperatures. At this inspection temperatures were within the acceptable range. However, some storage areas for medicines that needed to be stored at 'room temperature' (15 to 25C) were close to 25C. This meant that if general temperatures rose it might be difficult for staff to maintain safe temperatures using the existing storage facilities.
- The registered manager acknowledged this and said he was meeting with the providers to discuss a more permanent solution to the issue. The home did use fans to cool medicines storage areas but these had not always been effective the past so a safer system is needed.
- Fridge temperatures were within the recommended guidelines of between 2 and 8C.
- Other outstanding issues had been addressed. Medicines patch recording charts were complete and had accompanying body maps. Insulin charts were also complete and showed the site of administration.
- PRN ('as required') medicines protocols were in place and included clear guidelines on when these medicines should be used.
- Care plans for covert medicines had been re-written and improved to ensure people had covert medicines safely and lawfully. There was evidence of staff encouraging people to take their medicines as prescribed and only using covert methods as a last resort.
- There were several full sharps bins awaiting collection. The registered manager informed us this was because the collection company had a backlog. However, they were due to collect any day.
- A medicines denaturation system was in place. Returned drugs were recorded appropriately and there was no stock pile.
- Some further improvements were needed. The current sharp box was undated. Topical creams left in people's bedroom needed risk assessing as people can mistake them for other items, for example toothpaste. The registered manager said these issues would be addressed.
- A person told us staff gave them the right medicines for their healthcare needs. Relatives said their family members received their medicines correctly and time.

### Assessing risk, safety monitoring and management

- At our last inspection bowls of cat food and water had been left in areas that people had access to. This could have caused a tripping or slipping hazard or an issue with some of people having access to cat food. At this inspection the food and water had been moved to a covered outdoor area so the risk was reduced and the cats had a care plan to help ensure the people who wanted to could safely enjoy their presence in the home.

- A relative said they thought risk was well-managed at the home. They said they had seen staff supporting their own family member and others when they were distressed. They said staff were 'patient, effective and excellent' when supporting these people.
- We looked at risk assessments for two people who were at high risk of accident or incident due to their complex mental health needs. In both cases their risk assessments identified the behaviours that might put these people and others at risk, and the possible triggers so staff could take preventative action. If the behaviours escalated staff had specific instructions on how to manage the situation, using diversion and other coping strategies, and they knew who to report incidents too.
- The registered manager had improved the home's falls risk assessment so it included all the factors that might contribute to a person falling including both their mental and physical health. This meant staff had a better insight into why a person might fall and how they could reduce the risk of this happening.
- Equipment maintenance was being carried out. Records confirmed the hoist was routinely maintained. On the day of our inspection the lift was being serviced. Records showed this was routine and regular. Managers carried out regular audits to ensure the premises and equipment were safe.

### Systems and processes

- People told us they felt safe at the home. A relative said the home offered a safe environment to people living with dementia. They described the home as a 'good, safe place'. Another relative commented on how well staff 'looked out' for their family member and kept them safe.
- Staff had a good understanding of how to protect people from abuse or harm and how to report concerns. A care worker said, "We've all had training, we know the procedures very well and would have no hesitation in reporting abuse because we're here for the residents." All staff, including ancillary staff, were knowledgeable about safeguarding.
- Records showed the registered manager and staff worked closely with the local authority if abuse or harm was suspected and put strategies in place to protect people.

### Staffing levels

- People and relatives told us the home was well-staffed. A relative said they thought staffing levels were 'considerably higher' than they had seen in other care homes. They told us, "There's always staff around." During our inspection visit we saw a continual staff presence in communal areas and staff assisting people in other areas as necessary.
- The home employed nurses and care workers to ensure people's needs could be met in full. Some people had one-to-one staffing due to their complex needs and this was made clear in their care plans.
- The registered manager assessed staffing levels using a ratio system of staff to people. Although this was working it did not consider people's dependency levels which could mean that staff levels might be set too low or too high if people's needs changed significantly. We discussed the use of a dependency tool so staffing levels could be calculated more accurately. The registered manager said he would consider this.
- At our last inspection improvements were needed to staff recruitment files to ensure they were complete and met requirements. Since then the files had been reviewed. Records were complete and appropriate checks had been carried out to ensure staff members were safe and suitable to work at the home.

### Preventing and controlling infection

- A relative said the home's housekeeping standards were high and that their family member's room was always clean and tidy and clothes were hung up properly in the wardrobe.
- All areas of the home we saw were clean and fresh. These included people's bedrooms, and communal areas including bathrooms. Staff were trained in infection control and using personal protective equipment, for example gloves and aprons, and effective handwashing techniques.
- We spoke with the home's domestic team leader, who was the home's infection control lead along with



the registered manager. They explained how staff followed the home's infection control procedures to reduce the risks of infection.

- Staff knew how to respond in the event of an infection outbreak in the home and how to report this to the relevant authorities. The home used the Bristol Stool Chart which can be useful for the early detection of infections.
- The daily cleaning schedule included deep cleaning of bedrooms and communal areas. The laundry was suitable for the size of the home, clean and well-ordered. Managers used a weekly environmental cleanliness audit tool to ensure the premises were cleaned to a good standard.

#### Learning lessons when things go wrong

- At our last inspection it was unclear what actions staff took after a person fell to reduce the risk of this happening again. At this inspection records were improved and staff action recorded, for example, referral to a falls clinic or a medicines review.
- Accidents and incidents were audited and analysed monthly. The registered manager shared the results with staff at in supervisions, meetings and memos to ensure lessons were learnt and practice improved where necessary.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to moving into the home to ensure the staff could meet their care and, where applicable, nursing needs.
- Assessments were carried out in conjunction with people themselves, their families, and any health and social care professionals involved in their care and support.
- People's preferences, like and dislikes were recorded and there was information about people's cultural and religious background and communication needs.
- The registered manager was in the process of updating the home's pre-admission assessment documentation to include and highlight significant care risk factors, provide more information and cultural and religious needs, and address the protected characteristics named in the Equality Act.
- Following our inspection, the registered manager contacted us to confirm this had been done and a new pre-admission assessment document was in place. This will help to ensure that care is delivered in line with standards, guidance and law.

Staff skills, knowledge and experience

- Care, nursing and ancillary staff had the training required to meet people's needs. Staff were knowledgeable and confident in the way they supported people.
- A care worker said their training in dementia care and challenging behaviour, which included working with people affected by drug and alcohol misuse, enabled them to provide effective care.
- The home employed both general and mental health nurses. Staff told us this skills mix meant they could learn from each other.
- The home's training programme included a range of accredited and nationally recognised induction and ongoing training courses to the staff team including the Care Certificate, NVQs (National Vocational Qualifications), and Dementia Care Level 2. Nurses kept their training up to date and were revalidated when necessary by the NHS.
- Staff used the skills they had learnt. For example, an incident form described how a staff member had supported a distressed person using a technique they had learnt on one of their training courses.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the food served. A person said they had a choice of meals. Another person said they liked to eat on their own in the dining room and staff accommodated this. They also said staff knew how they liked their hot drinks. A relative told us their family member had plenty to drink throughout the day.
- The home had two dining rooms and we spent time in each of these at lunchtime. We saw staff assisting

people to their tables and offering them drinks whilst they waited for their meals.

- Some people had one-to-one support when dining. A care worker supported a person to get into a more upright position in their chair so that they could eat their lunch comfortably and safely. The care worker also assisted the person to cut up their food.
- People's nutritional needs were assessed and met. Records showed those at risk with of poor nutrition and hydration were referred to dieticians and/or the SALT (speech and language therapy) team for advice and support. Staff monitored their dietary intake and weighed them regularly.
- The kitchen was clean and well-organised. The cooks knew people's likes and dislikes and how to prepare and present their food in a way that was safe and appetising.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives, access healthcare services and support

- At our last inspection one person's medical records concerning wound care needed improvement as they were contradictory and unclear. At this inspection wound care records had improved.
- Wound care plans were up to date, photographs clear and dated, and dressing charts in place and complete. Minutes of nursing staff meetings showed that wound care was discussed and staff reminded of the need to keep accurate and up-to-date records.
- Records of skin care had also improved with care workers completing records and charts to show that cream has been applied as prescribed.
- People said they had good access to healthcare professionals and if they wanted to see a GP they would tell a staff member.
- Most people were registered with a local surgery and GPs and community nurses came to the home when required. Records showed people also saw a range of other healthcare professionals including podiatrists, community psychiatric nurses, mental health professionals, tissue viability nurses, and opticians.

Adapting service, design, decoration to meet people's needs

- At our last inspection improvements were needed to the adaptation, design and decoration of the premises to ensure people's individual needs were met, particularly the needs of people living with dementia. We recommended that the provider reviewed the environment at the home and makes improvements as necessary to ensure it is suitable for the needs of the people living there.
- At this inspection some improvements had been made. The registered manager had used an environmental assessment tool for dementia to audit the premises.
- The assessment identified there was a range of different areas for people living with dementia and others to move to if they wanted quiet or company.
- There was some directional signage to promote independent orientation and movement around the home. Parts of the premises had been redecorated and refurbished, including some bedrooms and communal areas. Some new flooring had been laid.
- People's bedroom doors were painted different colours to make them stand out against the pale walls and had their names on them. However, there was no personalised information, for example pictures or other items, on the doors to make it easier for people to identify their own rooms.
- The registered manager told us the transformation of the premises was a work in progress and further improvements were planned.
- Following our inspection the registered manager told us work had begun to completely refurbish one of the lounges to create a cinema and entertainment room for people to use.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. They took the required action to protect people's rights and ensure people received the care and support they needed. Staff were trained in the MCA and DoLS.
- Appropriate applications had been made to the local authority for DoLS assessments. Best interest decision had been made when necessary, for example prior to installing a night time door sensor on a person's bedroom door. This told us people's rights were being protected.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives said the managers and staff were caring and kind. A person told us, "The staff are good and I like the [registered manager]." A relative said, "The staff are attentive and they are interested in the residents."
- Staff understood the importance of building trusting relationships with people. A nurse told us, "This is a lovely friendly home. We all care very much about these people and the care staff know them very well and their families."
- A care worker said they got job satisfaction from seeing people well-cared for and smiling. They told us, "It's the small things that make them make them happy." They gave us examples of how a hug and/or a few quiet words could make people feel valued and safe.
- We saw another care worker reassure a person who was distressed, talking with them calmly and kindly. Care plans instructed staff on how best to do this. For example, one person's care plan told staff to keep their distance, lower the tone of their voice, and speak slowly if the person was distressed.
- We observed that although all the staff were attentive and kind some could have been warmer in their approach to people and less direct and task-based. We discussed this with the registered manager who said he was aware of this and addressing it in training, meetings and supervisions.

Supporting people to express their views and be involved in making decisions about their care

- Records showed people and their relatives, where appropriate, were involved in decisions about people's care and support. A relative said staff were good at keeping them up to date with their family member's progress. They told us, "I do feel well informed."
- Relatives told us they could visit at the home at any time and were always made to feel welcome. One relative liked to assist with their family member's care and staff enabled them to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in respecting people's privacy and dignity. The domestic team leader told us, "The residents don't live in our workplace, we work in their home." They added, "Some of the carers are amazing – they speak to people so nicely."
- Staff were trained in dignity and respect and followed the providers' policies and procedures on how to support people to maintain their privacy.
- Staff promoted people's independence and encouraged them to do things for themselves where possible and make choices about their daily routines.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

### Personalised care

- People received personalised care that met their needs. Care plans were up-to-date and regularly reviewed.
- Care plans addressed the needs of people living with dementia. For example, one person's care plan told staff to, 'Converse with [person] and remind [person] of family members by name and happy events they have experienced and with whom.'
- People made progress at the home. For example, one person, who had been in multiple homes prior to coming to Lavender Lodge, was now calm and settled. Records showed staff had skilfully managed their needs enabling to stay at the home and improve their quality of life.
- People's care plans included their life histories and information about their hobbies and interests. This helped staff to get to know people and talk with them about things that interested them.
- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.
- People's communication needs were identified when they were admitted to the home and care plans put in place on how these should be met. For example, if people didn't communicate verbally staff had instructions on how best to communicate with them in other ways, for example by observing people's body language.
- The home catered for people from a range of different cultural backgrounds some of whom did not have English as a first language. The staff team were multilingual and able to meet people's language needs.
- At the time of our inspection the home did not have a dedicated activity coordinator. People and relatives said they would like more activities at the home. Care workers did some activities with people, for example, shopping, board games, and cooking, but these had to fit around their care and support roles.
- A visiting musician came to the home two hours per week to run a musical and physical activity session. This was successful and a relative told us how much their family member enjoyed taking part.
- The registered manager said he was in the process recruiting an activities coordinator to ensure people had access to a good range of group and one-to-one activities.

### Improving care quality in response to complaints or concerns

- At our last inspection the provider's complaints procedure needed amending to make the role of the local authority clear in investigating complaints.
- At this inspection the complaints procedure had been simplified and included information about how to complain and who to take complaints to outside the home if people felt this was necessary.
- A relative said they had never had any serious complaints about the home but had raised minor issues

which staff dealt with positively. They said if they had a serious issue they would speak with one of the managers and felt confident it would be addressed.

- The complaint procedure was displayed in communal areas and in each person's bedrooms.

#### End of life care and support

- People had the opportunity to discuss their end of life care preferences if they wanted to. Records showed staff talked with people, and relatives where appropriate, and recorded their care and support wishes in end of life care plans.
- Care workers and nurses were trained in end of life care. Nurses were trained to administer end of life pain medicines. Records showed pain control was well-monitored by nurses using charts and observing verbal and non-verbal cues.
- A health authority end of life care specialist visited the home regularly to share information and resources with staff and advise them on training opportunities.
- The home was working towards the Gold Standards Framework in Care Homes (GSFCH). This is a programme to improve end-of-life care by offering staff training and a framework to help identify, assess and deliver care.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- At our previous inspection we found that the provider had failed to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. This was because there was a continued breach of Regulation 12 Safe Care and treatment and audits had not always been effective in identifying shortfalls at the home,
- At this inspection improvements had been made and the provider was compliant with this Regulation 17.
- The continued breach of Regulation 12 Safe Care and treatment had been met.
- The home had a new audit system which was comprehensive and effective.
- Audit records showed that where improvements were needed these were carried out. For example, a mattress audit identified mattresses needed replacing in some people's rooms and this had been done.
- Audit results were shared in staff meetings. For example, the findings from care plan audits were discussed so staff could learn lessons and improve their practice.
- Audits were used to measure improvement in the home. For example, medicines audits showed improvements to the way staff managed and administered medicines.
- The registered manager told us he met regularly with the provider to update, discuss and plan sustaining and embedding improvements in the service and overall standard of care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- People, relatives and staff told us the registered manager was hard-working and approachable. A person pointed out the registered manager and said he was doing a 'good job'.
- We saw the registered manager spending time with the people who lived and worked in the home, talking with them, and listening to their views.
- A staff member said the registered manager was, "Fabulous, down to earth, and fair with everybody – we couldn't have a better manager." Another staff member told us, "We feel safe with [registered manager] in charge. He listens to staff and residents and will find a solution to any problem."
- The registered manager of the home was an experienced registered mental health nurse and the deputy and clinical lead were registered general nurses. This provided a good skill mix to ensure people's mental and physical health needs were met.
- Nurses and care workers were committed to providing personalised care and support. They were patient and professional and the atmosphere in the home was calm. Staff were attentive to interacting with people in a kind an



Engaging and involving people using the service, the public and staff

- Since our last inspection the registered manager had sent quality assurance surveys out to people and relatives. Respondents had described the home as 'excellent' and said the 'food is a very high standard' and the staff 'caring'.
- The register manager was hoping to start a relatives group at the home and had written to relatives to ask if they might be interested in attending to discuss their views on the home.
- Staff members were given the opportunity to share their thoughts on the home and be involved in how the it was run through staff meetings, supervisions and appraisals.

Continuous learning and improving care

- The registered manager wrote regular action plans to take forward improvements to the home based on feedback provided by CQC, the local authority, and other sources including people and relatives.
- The registered manager continued to respond openly and actively to concerns and compliments and evaluate ways in which managers and staff could further improve the service, learn lessons and promote and strive for excellence.
- Staff told us they had seen changes for the better over the last few months in the way the home was managed. A nurse said, "Things are different and in a much more positive way since [registered manager] has been in post. We do have some challenging residents here and these people have settled so well more recently.

Working in partnership with others

- Staff and managers work in partnership with health and social care professionals to achieve good outcomes for people. For example, the registered manager had bi-monthly meetings with a GP to discuss and evaluate the use of anti-psychotic medicines for one person.
- We found in a comment in a person's notes from a visiting healthcare professional. They wrote, "Observed client who was very comfortable and clean. Room nice and clean. Documentation current and easy to read." This showed satisfaction with the quality of the person's care.